

PLUMBING PERMIT APPLICATION

STANLY COUNTY CENTRAL PERMITTING
INSPECTIONS DEPARTMENT
1000 NORTH FIRST STREET, SUITE 13C
ALBEMARLE, NC 28001

FAX# 704 986 3783 PHONE# 704 986 3667

**PERMIT IS NOT VALID UNTIL ALL FEES ARE COVERED AND THIS APPLICATION
IS DETERMINED TO BE IN ACCORDANCE WITH GS 153A-357 AND 160A-417**

DATE		PROPERTY OWNER			
JOB LOCATION, DIRECTIONS & BLDG PERMIT # IF APPLICABLE					
PLEASE CHECK PUBLIC OR PRIVATE				PROVIDER IF AVAILABLE	
PUBLIC WATER			WELL		
PUBLIC SEWER			SEPTIC		
CHECK TYPE WORK		GAS SUPPLIER NAME (NOTE NATURAL IF APPLICABLE)			
RESIDENTIAL					
COMMERCIAL					
INDUSTRIAL					
NUMBER OF FIXTURES			SPECIAL NOTES/ADDITIONAL INFORMATION		
DISPOSAL		URINALS			
DISHWASHER		WASHER			
ICEMAKER		WATER			
DRAIN LINE		PURIFIER SYS			
FLOOR DRAINS		WATER CLOSETS			
IRRIGATION SYSTEM		(WATER HEATERS)			
HUMIDIFIER SYS.		STORAGE TYPE			
LAVATORIES		INSTANT TYPE			
REFRIGERATION LINES					
SINKS		RADIANT HEAT PIPING			
SHOWERS		GASLINE			
TUBS		FIRE SPRINKLER			
		OTHER MISC.			
PLUMBER NAME					
COMPANY NAME					
ADDRESS					
STATE LIC#		FAX#		PHONE#	
I hereby agree to act under permit applied for in full accordance with all state laws and codes and ordinances of Stanly County, NC and I agree that no work will be done contrary to the same, else the permit issued hereunder to be void. GS 153A-357 AND 160A-417					
<u>APPLICANT REQUIRED TO MAIL, FAX, OR HAND DELIVER THIS APPLICATION TO INSPECTION DEPT. BEFORE BEGINNING WORK - FEES MUST BE PAID OR BOND CHARGED TO VALIDATE THIS PERMIT</u>					
Signature (PLUMBER)					